

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9051
2534

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank J. Haberstroh

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Mary Haberstroh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3rd 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 11 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Bell Telephone Co.

12. Name Joseph Haberstroh

13. Birthplace Germany

14. Maiden name Elizabeth Unknown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lionel Haberstroh

(b) Address 4321 Wyoming Ave.

17. (a) Burial (b) Date thereof 3-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST PAUL CHURCH YARD

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (c) MAR 17 1940 (d) J. F. Buck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 4321 Wyoming Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1940 hour 3:45 minute P.M. M.

21. I hereby certify that I attended the deceased from Apr 12 to Mar 14 1940

that I last saw _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma sigmoid 6 Mo

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Carcinoma sigmoid

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) While at work (Specify type of place) (c) Means of injury _____

23. Signature J. F. Buck (M. D. or other) _____

Address 1537 S. Grand Date signed 3/15/40

Dr. E. J. Whelan
1539 do Grand
Nov 1869 1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Eduard M. Hermann

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.